FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVE

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FORM 1		ONGANIZATION			_	LOUI CO MATER
		<del></del>			F	FORMANDICENTER
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M	5
ALABAMA (	CONGF	RESSIONAL CA		IGNS VICTOR	RY FUN	D FEDERAL PAC
للللللل	<del>                                      </del>	P. O. BOX 1	172			
ADDRESS (number a	nd street)		114	1111111		<del></del>
(Check if address is changed)		BOCA RATON		FL	33429	
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address	S (Please provide only one CONGRESSI)	e-mail ac	idress) CAMPAIGNSF	FUNDP	ACŞ@GMA(L,COM
COMMITTEE'S WEB	PAGE ADD	RESS (URL)				
(Check if is change		L				
2. DATE ÖS	) <sup>*</sup> ′ 24'	°′ <b>ž0</b> 12 °				
3. FEC IDENTIFIC	CATION NU	MBER C				
4. IS THIS STATE	MENT 🔀	NEW (N) OR	Ε	AMENDED (A)		
I certify that I have	examined thi	s Statement and to the be	est of my	knowledge and belief it	is true, corre	ct and complete.
Type or Print Name	of Treasurer	JAMES LIN	COL	N		
Signature of Treasure	er	James Len	dn	)	<sub>Date</sub> Ö	9°′24°′2012`
NOTE: Submission of	•	ous, or incomplete information	•			to the penalties of 2 U.S.C. §437g. S.
Office Use Only				For further information co Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)